



Military Deployment Checklist

EMPLOYEE INFORMATION

Name:	COF Employee ID#:
Department:	Division:

DEPARTMENT

☐ Deployment orders provided to Department Payroll Clerk on _____. Copy attached.

Date of Orders:	Type of Duty:
Purpose:	Deployment Dates:

☐ Employee advised to contact Finance/Payroll Department (621-7011) on _____.

☐ Employee advised to contact Personnel Services/Benefits (621-6992) on _____.

☐ Employee failed to contact Department Payroll Clerk prior to date of deployment.

Date:	Payroll Clerk Signature:	Employee Signature:
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FINANCE/PAYROLL

☐ Copy of deployment orders provided by Department Payroll Clerk on _____. Copy attached.

☐ Orders reviewed and continuation of pay process explained to employee on _____.

☐ Employee advised to contact Personnel Services/Benefits (621-6992) on _____.

☐ Employee failed to contact Finance/Payroll Department prior to date of deployment.

Date:	Finance/Payroll Signature:	Employee Signature:
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PERSONNEL SERVICES/BENEFITS

☐ Copy of deployment orders provided by Finance/Payroll Department on _____. Copy attached.

☐ Policy regarding payment of Supplemental Medical explained to employee on _____.

☐ Employee elected/declined Supplemental Medical during period of deployment on _____.

☐ Employee failed to contact Personnel Services/Benefits prior to date of deployment.

Date:	Benefits Signature:	Employee Signature:
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☐ Copy of completed Military Deployment Checklist provided to employee on _____.